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10/771,084 Application Number RECEIVED **CHANGE OF** 02-03-2004 CENTRIAL FAX CENTER **CORRESPONDENCE ADDRESS** Filing Date Application Chidiebere Ochi-Okorie First Named Inventor MAR 0 3 2005 2832 Art Unit Address to: Commissioner for Patents Ramon M. Barrera Examiner Name P.O. Box 1450 Alexandria, VA 22313-1450 Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: The address associated with Customer Number: OR was spelt incorrectly Firm or 1 CHIDIEBERE OCHLOKORIE Individual Name 3720 Bayou Circle Address State TX Zip 77573 City Dickinson Country USA Telephone 281-620-9050 281-535-3553 This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: \square Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration Number Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Signature Oza Typed or Printed CHIDIEBERE OCHI-OKORIE Telephone 281-620-9050 Date 03-03-05 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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